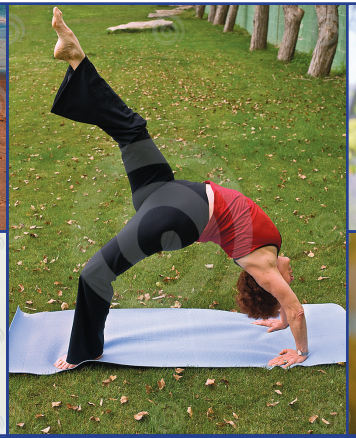
Chester County
Ob|Gyn
Associates

Through the seasons of life . . .
*caring for Chester County's women*SM



Chronic Pelvic Pain Program

Chester County Ob Gyn *Associates*

Chronic Pelvic Pain Program

The symptoms that woman experience in their pelvic or abdominal areas are often rooted in complex problems that can be challenging to diagnose and difficult to treat.

We work with each woman to create a personalized treatment plan. Timely and appropriate, our care is coordinated with each individual patient's needs in mind.

Dr. William Atkins

Director: Chronic Pelvic Pain Program

(610) 692-3434 x225

Symptoms Treated

- Abdominal Pain
- Back Pain
- Constipation
- Depression
  related to abdominal and pelvic symptoms, uterus or vagina
- Diarrhea
- Painful Intercourse
- Pelvic Pain
- Prolapse of the Bladder and/or Rectum
- Rectal Pain
- Sexual Dysfunction
- Incontinence
- Vulvodynia
  vaginal pain

Disorders treated through the Chronic Pelvic Pain Program

- Endometriosis
- Fallen Bladder (cystocele)
- Fibroids
- Interstitial Cystitis
- Ovarian Cysts
- Pelvic Floor Muscle Dysfunction
  Prolapse of the bladder, rectum or vagina
- Pelvic Inflammatory Disease (PID)
- Urinary Infections
- Uterine Fibroids

Frequently Asked Questions

Chronic Pelvic Pain

What is Chronic Pelvic Pain (CPP)?

Chronic pelvic pain is one of the most common medical problems of women. Twenty-five percent of women with CPP may spend two to three days in bed each month. More than half of the women with CPP must cut down on their daily activities one or more days a month and 90% have pain with intercourse (sex). Almost half of the women with CPP feel sad or depressed some of the time.

Despite all the suffering CPP causes, often doctors are not able to come up with a diagnosis or treatments to help these women.

CPP is any pelvic pain that last for more than six months. Often, the problem, which originally caused the pain, has lessened or even gone away completely, but the pain continues.

When pain has continued for so long and to such an extent that the person in pain is changing emotionally and behaving differently to cope with it, this is known as "Chronic Pelvic Pain Syndrome"

What is the difference between "acute" and "chronic" pain?

Acute pain is the pain which occurs when the body is injured, as in the case of infection of the appendix (appendicitis). There is an obvious cause for the pain. Chronic pain is very different. The original cause of the pain may be gone. This is caused by changes in the muscles, nervous system or other tissues. The pain itself has now become the disease.

What is "Chronic Pelvic Pain Syndrome"?

When constant, strong pain continues for a long period of time, it can become physically and mentally exhausting. To cope with the pain, the women may make emotional and behavioral changes. When pain has continued for so long and to such an extent that the person in pain is changing emotionally and behaving differently to cope with it, this is known as "Chronic Pelvic Pain Syndrome". Women with this condition will have the following:

- Pain present for six or more months
- Conventional treatments have not relieved the pain or have given only small relief
- The pain is stronger than would be expected from the injury/surgery/condition which initially caused the pain
- Difficulty sleeping or sleeping too much, constipation, decreased appetite, "slow motion" body movements and reactions and another symptoms of depression, including feeling blue or tearfulness
- Increasingly less and less physical activity
- Changes in how she relates in her usual roles as wife, mother and employee

CPP is a combination of physical symptoms (pain, trouble sleeping, loss of appetite), psychological symptoms (depression), and changes in behavior (changes in relationships due to the physical and psychological problems). It is not all-in-your-hhead!

Can CPP affect other parts of my body?

A woman who has had CPP long-term may notice that she begins to have symptoms in other muscles and organs of her body as well. It is common for pain to cause muscle tension. CPP sufferers may notice lasting changes in the muscles of the pelvic and even the tissue and skin of the pelvis. Tension in the pelvic muscles can affect the bladder and bowel. Patients also may notice pain involving the back and legs due to muscle and nerve involvement. Once these problems have started, they may become more painful and troublesome than the pelvic pain, which started them. Doctors who specialize in treating chronic pelvic pain will examine all of your organ systems, not just your female organs.

How do I feel pain?

Injured body tissues send signals through special nerve cells to your spinal cord. The spinal cord acts like a gate. It can let the signals pass to the brain, stop the signals or change them, make them stronger or weaker. What action the spinal cord takes is influenced by other nerve messages coming in at the same time and by signals coming down from the brain. So, how you perceive pain is affected by your mood, by the environment and by other processes happening in your body at the time.

When a person has chronic, long-lasting pain, the spinal cord gate may be damaged. This may cause the gate to remain open even after the injured tissue is healing. When this happens, the pain remains in spite of treating the original cause.

What are the characteristics of chronic pain?

There are four main factors:

1. **Pathology at the site of origin.** There is or was an injury (pathology) at the place (site of origin) where the pain first started. This injury might be endometriosis, ovarian cysts, pain from the bowel or bladder, infection, or adhesions (scar tissue from surgery).
2. **Referred Pain.** Your body has two types of nerves. *Visceral* nerves carry impulses from the organs and structures within your abdomen and chest (stomach, intestines, lungs, heart, etc.). *Somatic* nerves bring messages from the skin and muscles. Both types of nerves travel to the same sites on the spinal cord. When you visceral nerves are stimulated for long periods with chronic, ongoing pain, some of this stimulation may spill over into the somatic nerves, which then carry the pain back to the muscles and skin. In CPP, the somatic nerves may carry the pain back to your pelvic and the abdominal muscles and skin. That means that your pain may start in your bladder and spread to your skin and muscles, or the other way around.

3. **Trigger points** are specific areas of tenderness occurring in the muscle wall of the abdomen. Trigger points may start out as just one symptom of your pelvic pain or they may be the major source of pain for you. For this reason, treating the trigger points, for some women, may significantly reduce the pain. For other women, the original source of injury as well as the trigger points must be treated.
4. **Action of the brain.** Your brain influences your emotions and behavior. It also interacts with your spinal cord and affects how you feel the visceral and referred pain. For instance, if you are depressed, your brain will allow more pain signals to cross the gates of the spinal cord, and you will feel more pain. This influence or modulation by the brain must also be treated. Treatment can include psychological counseling, physical therapy and medications.

It is important to remember that all of these 4 levels of pain must be treated together for CPP therapy to be successful.

How will my doctor diagnose CPP?

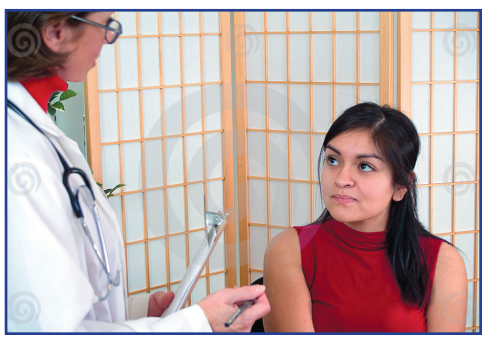
Your doctor will take a thorough history of your problem. It is very important to give your physician a detailed and accurate description of the problem. He/she will also do a physical examination. From this, the doctor will be able to determine what lab tests and procedures might be needed to find the reasons for your pain.

There are a number of things you can do to help your doctor diagnose and treat you:

- Get copies of your medical records, including doctor visits, lab tests, x-rays and surgical testing.
- If you had surgeries, records of the surgical treatments including videotapes are very helpful.
- Carefully fill out the doctor's questionnaire. Take your time and try to remember all the details and the order in which they happened.

  Just filling out the questionnaire may help you remember details you had forgotten. Also, it may be easier to write out personal information that is difficult and embarrassing to talk about. Remember that the more you give your doctor, the easier it will be for him/her to help you. Factors which may be very important in your case are:

  - How and when did your pain begin?
  - What actions are activities make it better or worse?
  - Does it vary based on time of day, week or month?
  - How does your menstrual cycle affect the pain?



- How does the pain affect your sleep?
- Has the pain spread since it began?
- Do you notice abdominal skin sensations (pain, itching, burning), muscle or joint pain or back pain?
- Do you have pain with urination (peeing), constipation, diarrhea or other problems with your bowels?
- Has the pain caused emotional changes like anxiety or depression?
- What have you done to relieve the pain? What has worked? What has not worked?
- What medical treatments have you had? Have they helped?
- What medications have you used in the past? What medicines are you taking now?
- What do you think is causing your pain?
- What concerns you most about your pain?

Your doctor will do a very thorough physical exam. Remember that your pelvis is very important, not only for containing your female organs, but also because it provides support for your upper body and connects the upper body to lower body. For these reasons, not only will your female organs, vagina and rectum be examined, but also your posture, how you walk, your back, abdomen, legs and thighs. Special attention will be given to your pelvic muscles as well as to any changes in skin sensation, numbness or tenderness. Your doctor will also check closely for trigger

---

points. A close examination of the vagina and also the labia (lips of the vagina) will be done. You will also have a rectal examination. During these examinations, you may be asked at times to tense and relax the specific muscles. Throughout all of this, your doctor will be looking for clues to damage or disease, which might have started the pain, and clues to which nerves are contributing to the pain.

What factors will my doctor consider when deciding how to help me?

Your doctor will consider a number of factors in deciding how best to treat your pain. Pain is in the nervous system, which includes the body and the mind. The pain is not on your body but it is not all in your head either! For treatment to be effective, it needs to treat the body and mind. CPP is not caused by a single problem but by a number of problems interacting together. This means that you do not need a single "treatment". You need several treatments for all the problems.

. . . whatever caused your pain in the first place may become only a minor factor while the chronic pain is caused by secondary factors

It is impossible to tell how much each individual pain factor adds to the whole problem. In fact, whatever caused your pain in the first place may become only a minor factor while the chronic pain is caused by secondary factors. Therefore, ALL factors must be treated, not just the ones that "seem" the most important.

How soon will I start to feel better?

It may take a long time before you start to feel better, even though your doctor is trying to provide you with relief as quickly as possible. It took a long time for your pain to become so bad, and it may take weeks or months for it to completely go away. During your treatment, as you are slowly improving, try to remain calm and patient and keep a positive attitude.

Will I receive pain medication?

In the early stages of your treatment, you may be given pain medication. The therapies for treatment of CPP take time to work and medication will keep you comfortable until they can take effect. However, remember that the pain medications are just a temporary treatment for the symptoms (the pain you feel)

---

but the therapies you are using are the cure for the problem. Pain medications may not take all of your pain away, but may make your symptoms more bearable.

All medications can have side effects, especially narcotic analgesics. Your doctor will probably prefer to try non-narcotic pain relievers first to avoid potential drug side effects.

You may be given a combination of medications instead of one. Often medications compliment each other and are more effective if used in combination. You may get the most relief using some medications for pain and others for mood such as antidepressants.

Taking medication every time you feel pain can make you dependent or hooked on medication. Taking medication at fixed times rather than each time you have pain has been found to be more effective in pain control. Your doctor will give you prescriptions for a fixed amount of pain medication and you will be told to take a certain dose of medicine on a regular schedule at set times.

If you find that over time the medication is relieving your pain less and less, your body may be developing a tolerance for pain medication. Talk to your doctor about how effective your medication is at each visit. If necessary, call and make an appointment to talk with your doctor. Changing pain medication is not something your physician can easily do on the basis of a phone conversation.

If you and your doctor find it necessary to use strong narcotics to control your pain, it is your responsibility to use them safely and correctly. If your prescription is lost or stolen, it will not be replaced. Refills will not be given. If your doctor finds you have been receiving prescriptions for narcotics from other physicians as well during your care without permission from the doctor, he/she may no longer provide care to you.

What about my muscle aches and pains?

Treating any problems with your musculoskeletal system is an important part of your care. A physical therapist may examine and evaluate your posture, gait (how you walk), your abdomen, pelvis and legs. The therapist will do various examinations to look for abnormalities and to find muscle strength, tenderness, length and flexibility. They will also determine your "trigger points" or areas where your muscles are especially tender. You will then receive a program of physical therapy using many different techniques to help you develop healthier, stronger muscles. You may learn special exercises for specific muscles or work with special equipment such as ultrasound or muscle stimulators. You will also learn relaxation and breathing techniques. The physical therapist will work closely with your doctor to coordinate a program of exercises and pain medications by mouth and/or injection as needed.

Learning to change the behaviors that contribute to your pain will relieve anxiety and depression and increase your enjoyment of life

Will I be treated for emotional pain?

Chronic pain affects all aspects of your physical and emotional life and may cause anxiety, depression, sleep difficulties, sexual dysfunction and problems with your work and home life. To provide the best treatment, your doctor must address not only the cause of the pain and pain relief, but also all the problems it has caused. A number of different therapies will be used to help you overcome these common problems in chronic pelvic pain syndrome. Learning to change the behaviors that contribute to your pain will relieve anxiety and depression and increase your enjoyment of life.

The pain you suffer also affects your family. They will receive education about how your pain affects them and how their reactions to your pain affect you. Teaching your support system the nature of what you are going through including the symptoms, causes and many different types of treatments will help them to support you in your recovery.

What about surgical treatments?

Depending on your individual circumstances, your doctor may decide to do surgery to determine the causes of your pain and possibly to treat them as well. If you have conditions such as endometriosis or scar tissue, these can often be treated under general anesthesia with the laparoscope and you can sometimes go home the same day.

So . . . what can I expect from a treatment for CPP?

First off, we need to be realistic in your expectations and hopes for treatment. Some CPP can never be completely cured. Some women are so uncomfortable with the evaluation testing process that they are never able to get a significant amount of pain relief.

Don't expect instant results. Be patient with your treatment; follow all your doctor's instructions. Treatments may take up to three to six months to work, so continue to follow instructions even if you don't see results right away. During your treatment and therapies, you will have to set appointments with your doctor and therapist rather than just coming in when the pain is particularly bad. You may start with weekly or monthly visits. You and your doctor will

decide whether these should be more or less frequent based on your progress. Be sure not to miss an appointment as this can interfere with your treatment. If you miss an appointment and your pain becomes worse, it may take time to get under control again.

Remember that the treatment of chronic pelvic pain is a slow process using many different types of therapy. It may not be possible to totally eliminate your pain. Successful treatment means decreasing your pain to a low level so that you are able to enjoy doing the things you want to do again. It means being able to be a wife, mother, or career woman with a minimum of discomfort.

Chester County Ob Gyn *Associates*

Chronic Pelvic Pain Program

Treatment Options and Medication Instructions

Treatment Options and Medication Instructions

Table of Contents

Medication Instruction Sheet	1
Vulvar Ointments and Treatments	2
Anti-seizure and Antidepressant Medication Instruction Sheet	2
Anti-anxiety Medication	3
Prescription Bowel Medications	3
Over the Counter Bowel Medications	4
Acute Pain Medications	4
Treatment Options: Gabapentin	5
Treatment Options: Hydroxyzine	7
Treatment Options: Tricyclic Antidepressants	9
Overnight 5% Lidocaine Ointment for Treatment of Vulvar Vestibulitis	10
Treatment for Lichen Sclerosis	10
Pudendal Nerve Block Treatment	11
Notes	12

Medication Instruction Sheet

All medications will be discussed in detail and adjustments made according to symptoms.

1. ***Hydroxyzine HCL***= Atarax=Antihistamine=Relieves bladder inflammation=Mast Cell inhibitor=Sleep aide=Seasonal allergy relief

   Dosage: 10-25mg tablets taken prior to bed
   Instructions for use: 1 tablets at bed x 7 days. Increase to 2 tablets at bed and continue on 2 tablets.

2. ***Nortriptyline***=Pamelor=Pain relief=Antidepressant=Sleep aide

   Dosage: 10-25mg tablets taken prior to bed
   Instructions for use: 1 tablet at bed x 7 days. Increase to 2 tablets at bed and continue on 2 tablets.

3. ***Elmiron***=Rebuilds protective bladder lining

   Dosage: 100-300mg daily increasing slowly. Must be taken on an empty stomach (before breakfast and 1-2 hours after evening meal)
   Instructions for use: 1 tablet at bed x 7 days. Take 1 tablet in the morning and at bed x 7 days. Final goal is 1 tablet in morning and 2 tablets at bedtime and continue this dosage.

** Changes in dosage may be coordinated by your doctor and may be individualized according to your needs

Vulvar Ointments and Treatments

1. ***5% Lidocaine Ointment***=topical pain relieving agent=local anesthetic=desensitizes irritation and burning at vaginal opening

   Dosage: Apply to vaginal vestibule area every night before bed

2. ***Triamcinolone 0.1%***=Used on external vulva each morning for vulvar skin disorders

3. ***Clobetasol 0.05%***=Used on external vulva each morning for vulvar skin disorders. Only one tube is issued then changed to Triamcinolone Ointment. Please let us know when you have finished the first tube

4. ***2% Lidocaine Gel***=½ applicator 2-3 times per week into the vagina at bedtime

---

Anti-seizure and Antidepressant Medication Instruction Sheet

Current Indications: Some anti-seizure and antidepressant medications have been approved and widely used for the treatment of neuropathic (nerve) pain management.

1. ***Gabapentin***=Neurontin=Chronic Pain Management medication

   Dosage: 100-1800+ mg taken daily gradually increasing dose to tolerance and effectiveness (**with our direction**)
   1 capsule at bedtime for 7 days
   1 capsule at bedtime and morning for 7 days
   Finally one capsule in the morning, afternoon and at bedtime.
   Continue to increase by adding one capsule in the same way until you reach recommended dose per your treatment plan

** Changes in dosage may be coordinated by your doctor and may be individualized according to your needs

2. ***Lyrica***=the new generation of Neurontin – used for diabetic neuropathy and other types of nerve pain and fibromyalgia

   Dosage: 25-150mg daily slowly increasing dose to tolerance and effectiveness (**with our direction**)
   1 dose in the evening for 7 days
   Add one dose in the morning for 7 days
   Continue increasing the same way starting at bedtime

3. ***Topomax***=Anti-seizure medication used for chronic pain management including neuropathic pain and migraine headaches

   Dosage: Vary and will be discussed if these medications are indicated
   1 capsule at bedtime for 7 days
   Add 1 capsule at bedtime for a total of 2 per day

4. ***Cymbalta***=new antidepressant that has been approved for use with chronic nerve pain as well

   Dosage: 30-60+ mg daily
   1 dose at bedtime for 7 days
   Add one dose in the morning

Anti-anxiety Medication

1. ***Klonopin***=0.5mg one every 12 hours

Prescription Bowel Medications

1. ***Levsinex*** =medication for quieting and calming overactive bowel – loose, uncomfortable and chronic diarrhea

   Dosage: 0.375mg every 12 hours

2. ***Amitiza***=medication for stubborn, chronic constipation

   Dosage: one every 12 hours (morning and night)

Over the Counter Bowel Medications

3. ***Magnesium***=dietary supplement found over the counter
   Dosage: 250mg up to 3 times a day
4. ***Benefiber*** – Daily
5. ***Colace*** – Daily
6. ***Miralax*** – Daily

Acute Pain Medications

Indications: To be used for rescue pain and breakthrough pain in order to help break the "vicious cycle" of severe pain – anxiety – tension – more pain. We will monitor these very closely with you when and if they are indicated.

1. ***Ibuprofen***=Motrin=Advil – 600mg every 6 hours as needed for pain
2. ***Ultram*** or ***Ultracet***=Tramadol – Non-narcotic – one tablet every 6 hours as needed
3. ***Vicodin*** or ***Percocet*** – Short acting prescription narcotic medications. ½ to 1 tablet every 4-6 hours alternating with Ibuprofen 600mg **
4. ***Oxycontin*** and other long acting narcotics (opiates) – Only rarely used in the most difficult circumstances. Will be time limited and monitored very closely, 1 tablet every 12 hours

** Use Percocet or Vicodin as breakthrough medication, limiting to 3 per day

Treatment Options: Gabapentin

Brand Name: Neurontin
Generic Name: Gabapentin

What are Gabapentin capsules or tablets?

Gabapentin (Neurontin) is effective in helping to control partial seizures (convulsions) in adults with epilepsy. Gabapentin is also used to help relieve certain types of nerve pain and may be prescribed for other nervous system disorders. Generic Gabapentin capsules and tablets are available.

What should my health care professional know before I take Gabapentin?

They need to know if you have any of these conditions:

1. Kidney disease
2. An unusual or allergic reaction to Gabapentin, other medicines, foods, dyes or preservatives
3. Pregnant or trying to get pregnant
4. Breast feeding

How should I take this medicine?

Take Gabapentin capsules or tablets by mouth. Follow the directions on the prescription label. Swallow the capsules or tablets with a drink of water. If Gabapentin upsets your stomach take it with food or milk. Take your doses at regular intervals. Do not take your medicine more often than directed.

What if I miss a dose?

If you miss a dose take it as soon as you can. If it is almost time for next dose take only that dose. Do not take double or extra doses.

What drug(s) may interact with Gabapentin?

1. Antacids
2. Cimetidine

Tell your prescriber or health care professional about all other medications you are taking including non-prescription medicines, nutritional supplements or herbal products. Also tell your health care professional if you are a frequent user of drinks with caffeine or alcohol, if you smoke or use illegal drugs. These may affect the way your medicine works. Check with your health care professional before stopping or starting any of your medications.

What side effects may I notice from taking Gabapentin?

Side effects that you should report to your health care professional as soon as possible include:

Rare or uncommon

1. Difficulty breathing or tightening of the throat
2. Swelling of the lips or tongue
3. Rash

Side effects that usually do not require medical attention (report to your health care professional if they continue or are bothersome)

1. Constipation
2. Difficulty walking or controlling muscle movements
3. Dizziness or drowsiness
4. Dry mouth
5. Back pain, joint aches and pains
6. Indigestion, gas or heartburn

---

7. Loss of appetite
8. Nausea
9. Pain, burning or tingling in the hands or feet
10. Restlessness
11. Sexual difficulty (impotence)
12. Skin itching
13. Slurred speech
14. Sore gums
15. Tremor
16. Weight gain

What should I watch for while taking Gabapentin?

Visit your health care professional for a regular check on your progress. You may want to keep a personal record at home of how you feel your condition is responding to Gabapentin treatment. You may want to share this information with your health care professional at each visit.

** Changes in dosage may be coordinated by your doctor and may be individualized according to your needs

Wear a Medic Alert bracelet or necklace if you are taking Gabapentin for seizures. Carry an information card with information about your condition, medications and health care professional. You should contact your health care professional if your seizures get worse or if you have any new types of seizures. Do not stop taking Gabapentin or any of your medications unless instructed by your health care professional. Stopping your medication suddenly can increase your seizures or their severity.

You may get drowsy, dizzy or have blurred vision. Do not drive, use machinery or do anything that needs mental alertness until you know how Gabapentin affects you. To reduce dizzy or fainting spells do not sit or stand up quickly especially if you are an older patient. Alcohol can increase drowsiness and dizziness. Avoid alcoholic drinks.

If you are going to have surgery tell your health care professional that you are taking Gabapentin.

Where can I keep my medicine?

Keep out of reach of children in a container that small children cannot open.
Store at room temperature between 59 and 86 degrees. Throw away any unused medicine after the expiration date.

Treatment Options: Hydroxyzine

Drug Information

Hydroxyzine is an antihistamine and mild anti-anxiety drug. It affects certain cells in the body that release histamine which is thought to play a part in some interstitial cystitis (IC) patient's symptoms, especially those who have a history of allergies, migraines and irritable bowel syndrome. Hydroxyzine has been shown to improve these conditions as well as IC.

Hydroxyzine has been found to:

- Decrease nocturia (night time voiding)
- Decreased daytime frequency
- Decrease pain (burning, pressure, painful intercourse)

Hydroxyzine is available in the following two oral forma:

Generic name: Hydroxyzine pamoate / Brand name: Vistaril®
Generic name: Hydroxyzine hydrochloride / Brand name: Atarax®

Dosage

Starting at 10mg and increasing to 20mg at bedtime. Start with one tablet at bedtime for one week and then take 2 at bedtime. Continue as directed.

Common Side Effects

Sedation (take a bedtime)
Dry mouth (increase water intake)
Increased depression or anxiety in patients diagnosed with these conditions

Self Help Strategies

Take this medication in the evening initially to avoid excessive daytime drowsiness. Keep in mind that most patients report that any daytime drowsiness disappears within four to five days after beginning Hydroxyzine therapy. Most patients' report that with each dosage increase the drowsiness period is shorter and not as intense.

Other Antihistamines

Some patients have reported a decrease in IC symptoms using other oral antihistamines or medications with antihistamine properties, such as Claritin® and Benadryl®.

Hydroxyzine is contraindicated for use in epileptic patients.

** Changes in dosage may be coordinated by your doctor and may be individualized according to your needs

Treatment Options: Tricyclic Antidepressants

Drug Information

When treating patients with tricyclic antidepressants for interstitial cystitis (IC) or any other chronic pelvic pain condition, physicians are not seeking to treat depression. Instead, they are using these medications for their beneficial incidental effects, or side effects, which have been shown to help IC as well as other pain conditions. They are usually prescribed in smaller amounts for treating IC than would be used for treating depression. In smaller doses, these drugs help IC by blocking pain. The exact mechanism of action (the reason they work as a treatment) is not known.

The Beneficial Incidental Effects of Tricyclic Antidepressant are:

- Anticholinergic effects, meaning that these medications relax the bladder and decrease the intensity of bladder contractions, diminishing frequency by delaying the desire to urinate
- Sedative effects, caused by their antihistamine properties
- The blockage or re-absorption of certain neurotransmitters (serotonin and noradrenaline) which cause the brain to misinterpret or ignore pain impulses

---

The Most Common Tricyclic Antidepressants Used to Treat IC are:

Brand Name	Generic Name
Elavil®	Amytriptyline
Norpramin®	Desipramine
Pamelor®	Nortriptyline
Sinequan®	Doxepin
Tofranil®	Imipramine

Dosage

10-25 mgs at bedtime. Please inform your doctor if increasing depression occurs.

** Changes in dosage may be coordinated by your doctor and may be individualized according to your needs

Overnight 5% Lidocaine Ointment for Treatment of Vulvar Vestibulitis

Long-term nightly application of 5% Lidocaine ointment shows promise as a treatment for management of vulvar vestibulitis.

Nightly topical 5% Lidocaine ointment was associated with an improvement in symptoms in the majority of women after 7 weeks' treatment.

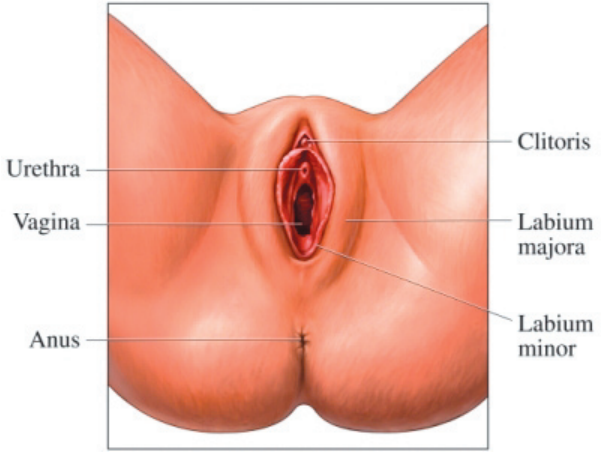
Most women treated with topical Lidocaine 5% ointment applied nightly noted improvement in symptoms. The majority had tried other medications without relief. This treatment is simple, safe and inexpensive.

We advise you not to have sexual penetration for at least 8 weeks of treatment with Lidocaine ointment to allow the vestibular nerve to rest and become less sensitive.

Treatment for Lichen Sclerosis

Clobetasol ointment 0.05% applied every morning to labia majora until the first tube is gone.

Then a lesser dose of steroid ointment, Triamcinolone ointment, is used and applied every morning to the labia majora.



Pudendal Nerve Block Treatment

What is pudendal neuralgia?

Pudendal neuralgia occurs when the pudendal nerve becomes abnormal in its function; it can occur from injury, trauma, scar or entrapment. The nerve develops abnormal fibers and malfunctions, producing automatic signals that are conducted along the nerve and ultimately to the spinal cord. This causes pain that is typically described as burning and/or crushing. In cases of pudendal neuralgia the vulvar tissue may either apear abnormal or completely normal.

What is pudendal nerve entrapment?

Pudendal nerve entrapment (PNE) is a condition that causes pain in the lower to central perineal area (anal region, perineum and vulvar) without any readily apparent reason. Pain sensations are individualized and may feel like burning, stinging, stabbing, aching, cramping, tightness, numbness, pins and needles and/or crawling on the skin. Pain is especially worse when sitting and less when standing or sitting on a donut cushion or toilet seat. There may be associated urinary, anal or sexual dysfunction. As the name suggests, PNE is caused by an entrapment of the pudendal nerve, which means that the nerve is constricted for some reason. The nerve responds by becoming irritated and begins to malfunction. PNE can also be caused by stretching or rubbing of the pudendal nerve. Patients are counseled to avoid the offending factor causing pain (e.g. sitting for long periods of time, cycling) and suggested treatments include sequential pudendal nerve blocks, consecutive medical treatments with oral pain management medications such as anticonvulsants and tricyclic antidepressants, and in very rare cases, surgery to decompress the nerve.

Where is the pudendal nerve?

The Pudendal nerve is comprised of fibers from the S2-S4 spinal nerves roots and follows a complicated course through the pelvis. As the nerve approaches the vulvar and anal region it divides into three terminal branches; the inferior rectal nerve (providing innervation to the anal sphincter and the tissues around the anus), the perineal nerve (innervating the posterior $^{2}/_{3}$ of the labia majora and muscles of the urogenital triangle or base of the bladder), and the dorsal nerve of the clitoris (providing sensory innervation to the dorsum of the clitoris). Simply stated the pudendal nerve is involved in orgasm, urination and defecation.

What is a pudendal nerve block?

The nerve block is a procedure by which medications that inhibit pain and inflammation are injected into a space around a nerve, thereby preventing pain messages that travel along the nerve pathway from reaching the brain. In an attempt to provide vulvar pain relief the pudendal nerve is targeted because it is responsible for sensory and motor function in both vulvar and anal region. Pudendal nerve blocks are most frequently used to provide anesthesia during surgical procedures involving the vulva and for pain relief in patients with chronic vulvar pain and/or itching that does not respond to topical or oral medications.

How soon should a patient experience relief and how long does it last?

If the pudendal nerve is the causative structure producing vulvar pain then the block will be quite effective and provide immediate relief. At a minimum there will be partial relief, depending on what percentage of pain is produced by the tissues innervated and by the pudendal nerve or damage to the nerve itself. Pain relief can vary dramatically from person to person. In some advanced cases, in which the pain has become neuropathic, pain may increase following the procedure (for two to five days) before improving.

Notes

Chester County Ob Gyn *Associates*

Chronic Pelvic Pain Program

Reference Information and Appointment Details

Things to Remember
Interstitial Cystitis / Painful Bladder Syndrome

Bring your folder with you to every appointment

Without your cooperation and understanding of your condition(s)
and your personal treatment plan we cannot expect your symptoms to improve.

Increase your water intake daily with filtered or distilled water. NO TAP WATER!!!

Take 2 Prelief prior to each meal. This is over-the-counter and lowers acidity in the urine.

Schedule evaluation with psychologist, if you are experiencing depression or anxiety.

Schedule physical therapy ealry if painful muscles have been identified.

Read all of the information you have been given. Look at the websites. There is a wealth of information about key dietary changes to help your bladder symptoms.

Education about your condition(s) is necessary in order for you to fully understand your treatment.

Carefully fold along perforation, tear off, and bring with you to your next visit

Permission for Bladder Instillation Therapy for
Chronic Pelvic Pain and Interstitial Cystitis

1. I hereby authorize Dr. Atkins and such assistants as may be selected by him to treat the symptoms of Interstitial Cystitis.
2. I understand that Dr. Atkins has recommended that I receive a series of bladder instillations that may be as many as 2 times the first week and once each week for the next 5 weeks.
3. The nature of such treatment and the procedure has been fully explained to me. I understand that a mixture of 3 medications will be introduced into my bladder through a small catheter during each of these instillations.
    a. Local Anesthetic – 2% Lidocaine – to soothe the bladder lining
    b. Heparin – to help replace the damaged protective lining of the bladder
    c. Sodium Bicarbonate – to help the Heparin get to the tissue it needs to restore
4. The potential risks in doing this procedure are extremely small. The risks and benefits have been fully explained to me by Dr. Atkins. I understand that these bladder instillations are only part of a larger program for the treatment of chronic pelvic pain and Interstitial Cystitis.
5. I hereby give my consent to the performance of bladder instillations by Dr. Atkins and such assistants as may be selected by him.
6. I acknowledge that because medicine is not an exact science no guarantees can b made to me regarding the results of my treatment.
7. I have had ample opportunity to ask questions about these treatments and agree that all questions have been answered to my satisfaction.

_____ _____

Signature of Patient Date

_____ _____

Signature of Physician Date

_____ _____

Signature of Witness Date

Chester County Ob Gyn *Associates*
Chronic Pelvic Pain Program

Carefully fold along perforation, tear off, and bring with you to your next visit

Dear Patient,

You are scheduled for a series of bladder instillation treatments in our office. Please be advised that although we do everything possible to ensure proper billing procedures, you are ultimately responsible for checking with your insurance company to see if you have met your deductible, require a referral or if you are responsible for any co-pays that may apply. These codes will help you when speaking with your insurance company:

51700	is the procedure code or bladder instillation treatments
J1644	is the medication code for bladder instillations
595.1	is the diagnosis code for interstitial cystitis
625.9	is the diagnosis code for pelvic pain

If you have any questions at all, please do not hesitate to ask. We are here to help guide you n this process.

Thank you,

Dr. Atkins and Staff

For your convenience please complete the following when calling your insurance company and return to our office on the day of your first treatment.

Insurance Company Phone Number: _____

Spoke with: _____ Date: _____

Met deductible?	Yes	No
Any co-insurance?	Yes	No
Co-payments applicable?	Yes	No
Referral needed?	Yes	No

Chester County Ob Gyn *Associates*
Chronic Pelvic Pain Program

Appointment Record

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Appointment Record

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Appointment Record

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Appointment Record

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Appointment Record

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Date: _____ Time: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Response: _____

Other Treatments: _____

Changes: _____

_____

Next Appointment Date: _____ Time: _____

Recommended Websites

Chester County Ob Gyn Associates: www.chestercountyobgyn.com

1. **Pain**
   American Pain Foundation
   www.painfoundation.org
   International Association for the Study of Pain
   www.iasp-pain.org
   International Pelvic Pain Society
   www.pelvicpain.org

2. **Bladder**
   Interstitial Cystitis Network
   www.ic-network.com
   Interstitial Cystitis Association
   www.ichelp.org
   Interstitial Painful Bladder Foundation
   www.painful-bladder.org

3. **Lower Bowel**
   Irritable Bowel Syndrome
   www.aboutibs.org

4. **Sexual Health**
   The Woman's Sexual Health Foundation
   www.twshf.org
   The Sexual Health Network
   www.sexualhealth.com
   Information on Female Sexual Dysfunction
   www.fsdinfo.org
   National Women's Health Network
   www.womenshealthnetwork.org

5. **Vulvar Pain**
   National Vulvodynia Association
   www.nva.org

6. **Pudendal Nerve Pain**
   Society for Pudendal Neuralia
   www.spuninfo.org
   The Pudendal Nerve
   www.pudendal.com

7. **Pelvic Floor Muscle Spasm and Physical Therapy**
   Section on Women's Health, APTA
   www.womenshealthapta.org

Chester County Ob|Gyn Associates

West Chester
915 Old Fern Road, Building D, 3rd Floor
West Chester, Pennsylvania 19380

Downingtown
77 Manor Avenue
Downingtown, Pennsylvania 19335

Lionville
119 East Uwchlan Avenue, Suite 200
Exton, Pennsylvania 19341

Kennett Square
404 McFarlan Road, Suite 301
Kennett Square, Pennsylvania 19348

(610) 692-3434

www.chestercountyobgyn.com

© 2010 Chester County Ob Gyn Associates

A Proud Member of
The Health Network of
The Chester County Hospital